

<i>SERFF Tracking Number:</i>	<i>UCIN-128331762</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Concordia Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>AR/UCIC/006-12</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group FFS</i>		
<i>Project Name/Number:</i>	<i>UCWellness Rider/AR/UCIC/006-12</i>		

Filing at a Glance

Company: United Concordia Insurance Company

Product Name: Group FFS

SERFF Tr Num: UCIN-128331762 State: Arkansas

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved State Tr Num:

Sub-TOI: H10G.000 Health - Dental

Co Tr Num: AR/UCIC/006-12

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Donna Lambert

Authors: Krista Maddigan, Stacy
Miller, Lindsay Anness

Disposition Date: 05/11/2012

Date Submitted: 05/07/2012

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: UCWellness Rider

Status of Filing in Domicile: Pending

Project Number: AR/UCIC/006-12

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: A similar filing is
pending approval in the state of domicile.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 05/11/2012

State Status Changed: 05/11/2012

Deemer Date:

Created By: Lindsay Anness

Submitted By: Lindsay Anness

Corresponding Filing Tracking Number:

Filing Description:

To Whom It May Concern:

United Concordia Insurance Company (UCIC), NAIC number 85766, which currently offers both individual and group dental insurance, is submitting this filing for approval in the state of Arkansas. The filing contains a new rider for use in the large and small group dental insurance markets. The Company intends to begin implementation of this rider form upon approval, with a target effective date of July 1, 2012. The rider will be used in conjunction with policy forms 9802 (11/07) and 9802L (11/07), which were previously approved by your Department under state tracking number: 40704 on 10/28/2008.

The new rider provides expanded coverage for preventive, diagnostic and periodontal services to promote good oral health and prevent periodontal disease, which has been linked to systemic conditions such as diabetes, heart disease,

SERFF Tracking Number: UCIN-128331762 State: Arkansas
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stroke and respiratory disease. The bracketed language represents variables that allow customization for customer and market needs. A Statement of Variability for the bracketed language is included with this filing and attached under the Supporting Documentation tab. We have also attached under the Supporting Documentation tab examples of three standard offers under this Rider for your informational purposes.

Please do not hesitate to contact me either via SERFF or at my direct dial telephone number, 412-544-1464, should you have any questions regarding this filing.

Thank you for your review of this filing submission.

Sincerely,

Lindsay R. Anness, Esq.

Regulatory Compliance Consultant

State Narrative:

Company and Contact

Filing Contact Information

Lindsay Anness, Regulatory Compliance Consultant
 501 Penn Avenue
 PAP6415
 Pittsburgh, PA 15222
 lindsay.anness@highmark.com
 412-544-1464 [Phone]

Filing Company Information

United Concordia Insurance Company
 4401 Deer Path Road
 Harrisburg, PA 17110
 (800) 929-0538 ext. 57225[Phone]
 CoCode: 85766
 Group Code: 812
 Group Name: Highmark
 FEIN Number: 86-0307623
 State of Domicile: Arizona
 Company Type: LAH
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 x 1 form = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Concordia Insurance Company	\$50.00	05/07/2012	58970858

<i>SERFF Tracking Number:</i>	<i>UCIN-128331762</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Group FFS</i>		
<i>Project Name/Number:</i>	<i>UCWellness Rider/AR/UCIC/006-12</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	05/11/2012	05/11/2012

<i>SERFF Tracking Number:</i>	<i>UCIN-128331762</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Concordia Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>AR/UCIC/006-12</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group FFS</i>		
<i>Project Name/Number:</i>	<i>UCWellness Rider/AR/UCIC/006-12</i>		

Disposition

Disposition Date: 05/11/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UCIN-128331762</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group FFS</i>		
<i>Project Name/Number:</i>	<i>UCWellness Rider/AR/UCIC/006-12</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Explanation of Variables	Approved	Yes
Supporting Document	Examples of Standard Offers available under Rider	Approved	Yes
Form	UC Wellness Rider	Approved	Yes

SERFF Tracking Number: UCIN-128331762 State: Arkansas

Filing Company: United Concordia Insurance Company State Tracking Number:

Company Tracking Number: AR/UCIC/006-12

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: Group FFS

Project Name/Number: UCWellness Rider/AR/UCIC/006-12

Form Schedule

Lead Form Number: R-Wellness 0412

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 05/11/2012	R-Wellness 0412	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	UC Wellness Rider	Initial		57.400	UCWellness Rider 0412.pdf

United Concordia

{UCWellness Oral Health; Alternate Name of Program} Rider

This Rider is effective on the date issued to the Policyholder and is attached to and made a part of the Certificate of Insurance.

{DEFINITIONS

The following definition applies when used in this Rider.

Benefit Period – The time period specified that applies to each Limitation on the Schedule of Exclusions and Limitations. Benefit Periods shown on the Schedule of Exclusions and Limitations may be expressed in a number of months from the last Covered Service, a calendar year (12 months beginning in January and ending in December), a contract year (12 months beginning with the Effective Date of the Group Policy) or a Member's lifetime.}

{ELIGIBILITY

The additional Benefits in this rider are available to Members that meet {at least one of} the following criteria, unless other eligibility requirements are specified in the Schedule of Benefits Section of this Rider:

- {Member is currently undergoing treatment for the following medical condition(s):
 - {Coronary Artery Disease (CAD);
 - Cerebrovascular Disease (CVD);
 - Diabetes;
 - Lupus;
 - Pregnancy;
 - Rheumatoid Arthritis}.
- {Member received head and/or neck radiation therapy in the {6-60} months prior to the date this condition is reported to the Company.}
- {Member received an organ transplant in the {6-60} months prior to the date this condition is reported to the Company.}}

{SCHEDULE OF BENEFITS

{Plan Payment

{In the grouping of dental services called *Exams* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for periodontal evaluations.}

{In the grouping of dental services called *Cleanings and Fluoride Treatments* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for prophylaxis (cleanings).}

{In the grouping of dental services called *Surgical Periodontics* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for the following Covered Service(s):

- Gingival flap procedures;
- Osseous surgeries.}

{In the grouping of dental services called *Non-Surgical Periodontics* on the Schedule of Benefits, the Plan will pay {25-100%} of the Maximum Allowable Charge for the following Covered Service(s) {for all Members}:

- {Periodontal cleanings;

- Periodontal scaling and root planing.}}

{The Plan will pay {25-100%} of the Maximum Allowable Charge for the following Covered Service(s) for all Members:

- {Microorganism collection for bacteriologic studies and culture;
- Tests to determine caries susceptibility;
- Fluoride varnish;
- Full mouth debridement, preliminary procedure;
- Brush biopsy to collect transepithelial cells.}}

{The Plan will pay {25-100%} of the Maximum Allowable Charge for the following Covered Service for all Members:

- Controlled release of antimicrobial medicine in localized diseased pockets of the gums.}}

{Deductible

The annual Deductible listed on the Schedule of Benefits does not apply to the following Covered Service(s) {for all Members}:

- {Microorganism collection for bacteriologic studies and culture;
- Tests to determine caries susceptibility;
- Fluoride varnish;
- Full mouth debridement, preliminary procedure;
- Brush biopsy to collect transepithelial cells;
- Complete periodontal exams;
- Prophylaxis (cleanings);
- Periodontal cleanings;
- Periodontal scaling and root planing.}}

{The annual Deductible listed on the Schedule of Benefits does not apply to the following Covered Service for all Members:

- Controlled release of antimicrobial medicine in localized diseased pockets of the gums.}}

{Maximums

The Maximums listed on the Schedule of Benefits do not apply to the following Covered Service(s):

- {Complete periodontal exams;
- Periodontal cleanings;
- Periodontal scaling and root planning;
- Exams for all Members;
- Prophylaxis (cleanings) for all Members;
- {Bitewing X-rays; All X-rays} for all Members;
- Fluoride treatments for all Members;
- Sealants for all Members;
- Palliative treatment (emergency treatment of dental pain) for all Members;
- Space maintainers for all Members.}}

{Waiting Periods

The Waiting Period listed on the Schedule of Benefits does not apply to the following Covered Service(s) for all Members:

- {Microorganism collection for bacteriologic studies and culture;
- Tests to determine caries susceptibility;
- Fluoride varnish;

- Full mouth debridement, preliminary procedure;
- Brush biopsy to collect transepithelial cells;
- Controlled release of antimicrobial medicine in localized diseased pockets of the gums;
- Periodontal cleanings;
- Periodontal scaling and root planning.}}

Applicability of Plan Payments, Deductibles, Maximums and Waiting Periods

Except where otherwise specifically altered by this Rider, the Plan payments, annual Deductibles, Maximums and Waiting Periods shown on the Schedule of Benefits shall apply to the procedures covered under this Rider.}

{SCHEDULE OF EXCLUSIONS AND LIMITATIONS

Frequency Limitations

{Members that meet the requirements specified in the Eligibility section of this Rider are entitled to one treatment per Benefit Period in addition to the frequency listed in the Limitations section of the Schedule of Exclusions and Limitations for each of the following Covered Services:

- {Oral evaluations: problem focused and consultations;
- Periodontal cleanings following active periodontal therapy;
- Prophylaxis (cleanings) {(not applicable to Members during pregnancy)}.

{The Limitations detailed below are added to the Schedule of Exclusions and Limitations for all Members.

- {Microorganism collection for bacteriologic studies and culture – {1-10} per lifetime;
- Tests to determine caries susceptibility – {1-10} per lifetime;
- Full mouth debridement, preliminary procedure – {1-10} per lifetime;
- Brush biopsy to collect transepithelial cells – {1-10} per lifetime;
- Controlled release of antimicrobial medicine into localized diseased pockets of the gums – {1-18} per {12-36} months.}}

{The following replaces the Limitation for fluoride treatment on the Schedule of Exclusions and Limitations for all Members:

Fluoride treatment or fluoride varnish – available to Members of any age who have had surgical periodontal treatment and to Members under age {1-26} who have not had surgical periodontal treatment. Limited to {1-10} every {{1-36} months; {1-3} {calendar; contract} years}}.

Applicability of Limitations and Exclusions

Except where otherwise specifically altered by this Rider, the Limitations and Exclusions listed in the Schedule of Exclusions and Limitations shall apply to the procedures covered under this Rider.}

GENERAL

Except where specifically changed by this Rider, all of the terms and conditions of Your Plan's Certificate of Insurance, Schedule of Benefits and Schedule of Exclusions and Limitations also apply to this Rider. In the event of a conflict between the provisions in this Rider and the Certificate of Insurance, Schedule of Benefits or Schedule of Exclusions and Limitations, this Rider shall control.

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<i>Product Name:</i>	<i>Group FFS</i>		
<i>Project Name/Number:</i>	<i>UCWellness Rider/AR/UCIC/006-12</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved	05/11/2012
Comments:		
Attachment:		
Readability Certification.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved	05/11/2012
Bypass Reason: The Company is not submitting a policy form in this filing.		
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item: Explanation of Variables	Approved	05/11/2012
Comments:		
Attachment:		
UCWellness Rider 0412 SOV.pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Examples of Standard Offers available under Rider	Approved	05/11/2012
Comments:		
Attachments:		
UCWellness - Prev Incent Ex.pdf		
UCWellness - Diabetes Ex.pdf		
UCWellness - SFH Enhanced Ex.pdf		

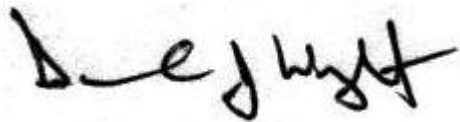
STATE OF ARKANSAS

READABILITY CERTIFICATION

UNITED CONCORDIA INSURANCE COMPANY

By signature below, it is certified that the form listed below achieves a Flesch Reading Ease Score above the minimum reading ease score of 40 as required by the Arkansas Code Annotated § 23-80-206(a)(1).

Form Name	Form Number
UC Wellness Oral Health Rider	R-Wellness 0412



Daniel J. Wright
Treasurer, Vice-President and Controller

May 4, 2012
Date

United Concordia

STATEMENT OF VARIABILITY – R-Wellness 0412

This statement of variability applies to R-Wellness 0412. This form is attached following this statement. The numbering of the variable statements below corresponds to the indicated numbers on the keyed form attached.

1. This bracketing allows alteration of the name of the benefit rider to meet specific customer requests or market needs.
2. This bracketed section is either included or removed in its entirety.
3. This eligibility criterion is either included or removed in its entirety.
4. One or more of the listed eligible medical conditions may be included, depending on the wellness benefits being offered.
5. The number of months can vary within the range specified.
6. One or more provisions within this section of the rider may be included, or the entire section may be deleted, depending on the wellness benefits being offered.
7. One or more provisions within this subsection of the rider may be included, or the entire section may be deleted, depending on the wellness benefits being offered.
8. This benefit may be included or deleted, depending on the wellness benefits being offered.
9. The Plan payment percentage can vary within the range specified.
10. One or more of the listed Covered Services may be included, depending on the wellness benefits being offered.
11. If X-rays are one of the Covered Services being offered for the wellness benefit, either *Bitewing X-rays* or *All X-rays* will be selected.
12. This limitation may be included or deleted, depending on the wellness benefits being offered.
13. One or more of the listed limitations may be included, depending on the wellness benefits being offered.
14. The lifetime limit can vary within the range specified.
15. The limit on the number of Covered Services can vary within the range specified.
16. The number of years can vary within the range specified.
17. The age limit can vary within the age range specified.
18. If years is used rather than months, calendar year or contract year will be specified.

United Concordia

1 {UC Wellness Oral Health; Alternate Name of Program} Rider

This Rider is effective on the date issued to the Policyholder and is attached to and made a part of the Certificate of Insurance.

2 {DEFINITIONS

The following definition applies when used in this Rider.

Benefit Period – The time period specified that applies to each Limitation on the Schedule of Exclusions and Limitations. Benefit Periods shown on the Schedule of Exclusions and Limitations may be expressed in a number of months from the last Covered Service, a calendar year (12 months beginning in January and ending in December), a contract year (12 months beginning with the Effective Date of the Group Policy) or a Member's lifetime.) 2

2 {ELIGIBILITY

The additional Benefits in this rider are available to Members that meet {at least one of} the following criteria, unless other eligibility requirements are specified in the Schedule of Benefits Section of this Rider. 2

- 3 Member is currently undergoing treatment for the following medical condition(s):
 - 4 {Coronary Artery Disease (CAD);
 - o Cerebrovascular Disease (CVD);
 - o Diabetes;
 - o Lupus;
 - o Pregnancy;
 - o Rheumatoid Arthritis}. 4 3
- 3 Member received head and/or neck radiation therapy in the {6-60} months prior to the date this condition is reported to the Company. 5 3
- 3 Member received an organ transplant in the {6-60} months prior to the date this condition is reported to the Company. 5

6 {SCHEDULE OF BENEFITS

7 {Plan Payment

2 {In the grouping of dental services called *Exams* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for periodontal evaluations.} 2

2 {In the grouping of dental services called *Cleanings and Fluoride Treatments* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for prophylaxis (cleanings).} 2

2 {In the grouping of dental services called *Surgical Periodontics* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for the following Covered Service(s):

- Gingival flap procedures;
- Osseous surgeries.} 2

8 {In the grouping of 9 al services called *Non-Surgical Periodontics* on the Schedule of Benefits, the Plan 2 pay {25-100%} of the Maximum Allowable Charge for the following Covered Service(s) (for all Members):

- 10 Periodontal cleanings;

- Periodontal scaling and root planing.} } 10 8
- 8 {The Plan will pay {25-100%} of the Maximum Allowable Charge for the following Covered Service(s) for all Members:
 - 10 {Microorganism collection for bacteriologic studies and culture;
 - Tests to determine caries susceptibility;
 - Fluoride varnish;
 - Full mouth debridement, preliminary procedure;
 - Brush biopsy to collect transepithelial cells.} } 8
- 8 {The Plan will pay {25-100%} of the Maximum Allowable Charge for the following Covered Service(s) for all Members:
 - Controlled release of antimicrobial medicine in localized diseased pockets of the gums}} 8 7

8 Deductible

The annual deductible listed on the Schedule of Benefits does not apply to the following Covered Service(s) for all Members:

- 10 {Microorganism collection for bacteriologic studies and culture;
 - Tests to determine caries susceptibility;
 - Fluoride varnish;
 - Full mouth debridement, preliminary procedure;
 - Brush biopsy to collect transepithelial cells;
 - Complete periodontal exams;
 - Prophylaxis (cleanings);
 - Periodontal cleanings;
 - Periodontal scaling and root planing.} 10

- 2 {The annual Deductible listed on the Schedule of Benefits does not apply to the following Covered Service for all Members:
 - Controlled release of antimicrobial medicine in localized diseased pockets of the gums.} } 2 8

8 Maximums

The Maximums listed on the Schedule of Benefits do not apply to the following Covered Service(s):

- 10 {Complete periodontal exams;
 - Periodontal cleanings;
 - Periodontal scaling and root planning;
 - Exams for all Members;
 - Prophylaxis (cleanings) for all Members;
- 11 {Bitewing X-rays; All X-rays} for all Members;
 - Fluoride treatments for all Members;
 - Sealants for all Members;
 - Palliative treatment (emergency treatment of dental pain) for all Members;
 - Space maintainers for all Members.} } 10 8

8 Waiting Periods

The Waiting Period listed on the Schedule of Benefits does not apply to the following Covered Service(s) for all members:

- 10 { Microorganism collection for bacteriologic studies and culture;
 - Tests to determine caries susceptibility;
 - Fluoride varnish;
 - Full mouth debridement, preliminary procedure;
 - Brush biopsy to collect transepithelial cells;

- Controlled release of antimicrobial medicine in localized diseased pockets of the gums;
- Periodontal cleanings;
- Periodontal scaling and root planing.}

Applicability of Plan Payments, Deductibles, Maximums and Waiting Periods

Except where otherwise specifically altered by this Rider, the Plan payments, annual Deductibles, Maximums and Waiting Periods shown on the Schedule of Benefits shall apply to the procedures covered under this Rider.}

{SCHEDULE OF EXCLUSIONS AND LIMITATIONS

Frequency Limitations

{Members that meet the requirements specified in the Eligibility section of this Rider are entitled to one treatment per Benefit Period in addition to the frequency listed in the Limitations section of the Schedule of Exclusions and Limitations for each of the following Covered Services:

{Oral evaluations: problem focused and consultations;

- Periodontal cleanings following active periodontal therapy;
- Prophylaxis (cleanings) {(not applicable to Members during pregnancy)}.

{The Limitations detailed below are added to the Schedule of Exclusions and Limitations for all Members.

- {Microorganism collection for bacteriologic tests and culture – {1-10} per lifetime;
- Tests to determine caries susceptibility – {1-10} per lifetime;
- Full mouth debridement, preliminary procedure – {1-10} per lifetime;
- Brush biopsy to collect transepithelial cells – {1-10} per lifetime;
- Controlled release of antimicrobial medicine into localized diseased pockets of the gums – {1-18} per {12-36} months.}

{The following replaces the Limitation for fluoride treatment on the Schedule of Exclusions and Limitations for all Members:

Fluoride treatment or fluoride varnish – available to Members of any age who have had surgical periodontal treatment and Members 5 or age {1-26} have had surgical periodontal treatment. Limited to {1-10} every {1-36} months; {1-3} {calendar, contract} years).

Applicability of Limitations and Exclusions

Except where otherwise specifically altered by this Rider, the Limitations and Exclusions listed in the Schedule of Exclusions and Limitations shall apply to the procedures covered under this Rider.}

GENERAL

Except where specifically changed by this Rider, all of the terms and conditions of Your Plan's Certificate of Insurance, Schedule of Benefits and Schedule of Exclusions and Limitations also apply to this Rider. In the event of a conflict between the provisions in this Rider and the Certificate of Insurance, Schedule of Benefits or Schedule of Exclusions and Limitations, this Rider shall control.

United Concordia

UCWellness Oral Health – Preventive Incentive[®] Rider

This Rider is effective on the date issued to the Policyholder and is attached to and made a part of the Certificate of Insurance.

SCHEDULE OF BENEFITS

Maximums

The Maximums listed on the Schedule of Benefits do not apply to the following Covered Service(s):

- Exams for all Members;
- Prophylaxis (cleanings) for all Members;
- All X-rays for all Members;
- Fluoride treatments for all Members;
- Sealants for all Members;
- Palliative treatment (emergency treatment of dental pain) for all Members;
- Space maintainers for all Members.

Applicability of Plan Payments, Deductibles, Maximums and Waiting Periods

Except where otherwise specifically altered by this Rider, the Plan payments, annual Deductibles, Maximums and Waiting Periods shown on the Schedule of Benefits shall apply to the procedures covered under this Rider.

GENERAL

Except where specifically changed by this Rider, all of the terms and conditions of Your Plan's Certificate of Insurance, Schedule of Benefits and Schedule of Exclusions and Limitations also apply to this Rider. In the event of a conflict between the provisions in this Rider and the Certificate of Insurance, Schedule of Benefits or Schedule of Exclusions and Limitations, this Rider shall control.

United Concordia

UCWellness Oral Health - Diabetes Rider

This Rider is effective on the date issued to the Policyholder and is attached to and made a part of the Certificate of Insurance.

DEFINITIONS

The following definition applies when used in this Rider.

Benefit Period – The time period specified that applies to each Limitation on the Schedule of Exclusions and Limitations. Benefit Periods shown on the Schedule of Exclusions and Limitations may be expressed in a number of months from the last Covered Service, a calendar year (12 months beginning in January and ending in December), a contract year (12 months beginning with the Effective Date of the Group Policy) or a Member's lifetime.

ELIGIBILITY

The additional Benefits in this rider are available to Members that meet the following criteria, unless other eligibility requirements are specified in the Schedule of Benefits Section of this Rider:

- Member is currently undergoing treatment for the following medical condition(s):
 - Diabetes

SCHEDULE OF BENEFITS

Plan Payment

In the grouping of dental services called *Exams* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for periodontal evaluations.

In the grouping of dental services called *Cleanings and Fluoride Treatments* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for prophylaxis (cleanings).

In the grouping of dental services called *Surgical Periodontics* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for the following Covered Service(s):

- Gingival flap procedures;
- Osseous surgeries.

In the grouping of dental services called *Non-Surgical Periodontics* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for the following Covered Service(s):

- Periodontal cleanings;
- Periodontal scaling and root planing.

Deductible

The annual Deductible listed on the Schedule of Benefits does not apply to the following Covered Service(s):

- Periodontal cleanings;
- Periodontal scaling and root planing.

Applicability of Plan Payments, Deductibles, Maximums and Waiting Periods

Except where otherwise specifically altered by this Rider, the Plan payments, annual Deductibles, Maximums and Waiting Periods shown on the Schedule of Benefits shall apply to the procedures covered under this Rider.

SCHEDULE OF EXCLUSIONS AND LIMITATIONS**Frequency Limitations**

Member's that meet the requirements specified in the Eligibility section of this Rider are entitled to one treatment per Benefit Period in addition to the frequency listed in the Limitations section of the Schedule of Exclusions and Limitations for each of the following Covered Services:

- Periodontal maintenance following active periodontal therapy;
- Prophylaxis (not applicable to Members during pregnancy).

Applicability of Limitations and Exclusions

Except where otherwise specifically altered by this Rider, the Limitations and Exclusions listed in the Schedule of Exclusions and Limitations shall apply to the procedures covered under this Rider.

GENERAL

Except where specifically changed by this Rider, all of the terms and conditions of Your Plan's Certificate of Insurance, Schedule of Benefits and Schedule of Exclusions and Limitations also apply to this Rider. In the event of a conflict between the provisions in this Rider and the Certificate of Insurance, Schedule of Benefits or Schedule of Exclusions and Limitations, this Rider shall control.

United Concordia

UCWellness Oral Health – Enhanced Dental Benefit Rider

This Rider is effective on the date issued to the Policyholder and is attached to and made a part of the Certificate of Insurance.

SCHEDULE OF BENEFITS

Plan Payment

In the grouping of dental services called *Non-Surgical Periodontics* on the Schedule of Benefits, the Plan will pay 100% of the Maximum Allowable Charge for the following Covered Service(s) for all Members:

- Periodontal cleanings;
- Periodontal scaling and root planing.

The Plan will pay 100% of the Maximum Allowable Charge for the following Covered Service(s) for all Members:

- Microorganism collection for bacteriologic studies and culture;
- Tests to determine caries susceptibility;
- Fluoride varnish;
- Full mouth debridement, preliminary procedure;
- Brush biopsy to collect transepithelial cells.

The Plan will pay 100% of the Maximum Allowable Charge for the following Covered Service for all Members:

- Controlled release of antimicrobial medicine in localized diseased pockets of the gums.

Deductible

The annual Deductible listed on the Schedule of Benefits does not apply to the following Covered Service(s) for all Members:

- Microorganism collection for bacteriologic studies and culture;
- Tests to determine caries susceptibility;
- Fluoride varnish;
- Full mouth debridement, preliminary procedure;
- Brush biopsy to collect transepithelial cells;
- Periodontal cleanings;
- Periodontal scaling and root planing.

The annual Deductible listed on the Schedule of Benefits does not apply to the following Covered Service(s) for all Members:

- Controlled release of antimicrobial medicine in localized diseased pockets of the gums.

Waiting Periods

The Waiting Period listed on the Schedule of Benefits does not apply to the following Covered Service(s) for all Members:

- Microorganism collection for bacteriologic studies and culture;
- Tests to determine caries susceptibility;
- Fluoride varnish;
- Full mouth debridement, preliminary procedure;
- Brush biopsy to collect transepithelial cells;

- Controlled release of antimicrobial medicine in localized diseased pockets of the gums;
- Periodontal cleanings;
- Periodontal scaling and root planing.

Applicability of Plan Payments, Deductibles, Maximums and Waiting Periods

Except where otherwise specifically altered by this Rider, the Plan payments, annual Deductibles, Maximums and Waiting Periods shown on the Schedule of Benefits shall apply to the procedures covered under this Rider.

SCHEDULE OF EXCLUSIONS AND LIMITATIONS

Frequency Limitations

The Limitations detailed below are added to the Schedule of Exclusions and Limitations for all Members.

- Microorganism collection for bacteriologic studies and culture – 1 per lifetime;
- Tests to determine caries susceptibility – 1- per lifetime;
- Full mouth debridement, preliminary procedure – 1 per lifetime;
- Brush biopsy to collect transepithelial cells – 1 per lifetime;
- Controlled release of antimicrobial medicine into localized diseased pockets of the gums – 6 per 12 months.

The following replaces the Limitation for fluoride treatment on the Schedule of Exclusions and Limitations for all Members:

Fluoride treatment or fluoride varnish – available to Members of any age who have had surgical periodontal treatment and to Members under age 19 who have not had surgical periodontal treatment. Limited to 2 every 12 months.

Applicability of Limitations and Exclusions

Except where otherwise specifically altered by this Rider, the Limitations and Exclusions listed in the Schedule of Exclusions and Limitations shall apply to the procedures covered under this Rider.

GENERAL

Except where specifically changed by this Rider, all of the terms and conditions of Your Plan's Certificate of Insurance, Schedule of Benefits and Schedule of Exclusions and Limitations also apply to this Rider. In the event of a conflict between the provisions in this Rider and the Certificate of Insurance, Schedule of Benefits or Schedule of Exclusions and Limitations, this Rider shall control.